Case 19-25452-JNP Doc 43 Filed 04/22/21 Entered 04/22/21 16:19:45 Desc Main Document Page 1 of 7

Fill in this info	ormation to identify your	case:		河 自己 可及	
Debtor 1	William J Leighto	n	- EM (B-Y-THW)		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name		
United States 8	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number	19-25452			(A)	
(if-known)				Check if this is an amended filing	
You must file t	his form whenever you fi	r, both are equally responsible le bankruptcy schedules or ar	nended schedules. Ma	iking a false statement, concealing property,	or
obtaining mon	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1	n connection with a bankrupto	y case can result in fir	nes up to \$250,000, or imprisonment for up to	20
Si	gn Below				
Did you p	pay or agree to pay some	one who is NOT an attorney to	help you fill out bank	cruptcy forms?	
No No					
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Not Declaration, and Signature (Official Form	
	nalty of perjury, I declare are true and correct.	that I have read the summary	and schedules filed w	ith this declaration and	

Signature of Debtor 2

Date

X /s/ William J Leighton William J Leighton

Signature of Debtor 1

Date April 22, 2021

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Fill	in this information to identify your ca	ase:	Contract the Contract	96 × 68	(419)				
De	btor 1 William J Le	ighton							
1570.5	btor 2 ause, if fing)								
Un	ited States Bankruptcy Court for the	DISTRICT OF NEW J	ERSEY						
Ca	se number 19-25452					Check if this is:			
⟨lf k	nown)					An amende	d filing		
_					J	A supplement 13 income:		g postpetition c ollowing date:	hapter
0	fficial Form 106l					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
	Describe Employment Fill in your employment	on the top of any additi	onai pages, write yo	zur name	s anu Ca	ise number (ii	MIOWIIJ. A	miawer every q	ucation
Share	information.		Debtor 1			Debtor 2	or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed s			☐ Employed ☐ Not employed			
	employers.	Occupation	Ironworker						
	Include part-time, seasonal, or self-employed work.	Employer's name	Bayshore Reba	r Inc					
	Occupation may include student or homemaker, if it applies.	Employer's address	550 State Road Bensalem, PA						
		How long employed t	here? 1 year						
Pa	t 2: Give Details About Mor	nthly Income							
Est spo	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any line	, write \$0 in the	space. Inc	clude your non-	filing
10000	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all	employe	rs for that perso	n on the li	nes below, If yo	u need
					F	or Debtor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	8,154.52	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+S	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	8,154.52	S	N/A	

Official Form 106l Schedule I: Your Income page 1

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	or t	William J Leighton	- 2			iumber (if And			5452			
					For	Debtor 1			Debtor			
	Сору	/ line 4 here	4.		\$	8,154	.52	\$		N/		
	Lists	all payroll deductions:										
		Tax, Medicare, and Social Security deductions	5a		\$	2,440	25	\$		N/	Δ	
	5a. 5b.	Mandatory contributions for retirement plans	5b		\$.00	\$		N/		
	Sc.	Voluntary contributions for retirement plans	50		\$.00	\$		N/		
	5d.	Required repayments of retirement fund loans	50		\$.00	\$		N/		
	5e.	Insurance	50		\$.00	\$		N/		
	5f.	Domestic support obligations	5f		\$.00	\$		N/	Control of the Control	
	5g.	Union dues	59		\$	337		\$		N/		
	5h.	Other deductions. Specify:		+.	\$.00	+ \$		N/		
26		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,777		\$		N/	5710	
6		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		s	5,377		\$		N/		
10 W		all other income regularly received:	100		- T	0,011				-	1810 1810	
	8a.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross										
		receipts, ordinary and necessary business expenses, and the total	0.				00	40				
	20%	monthly net income.	88		S		.00	\$ \$		N/		
	8b.	Interest and dividends	8b)-	S	. 0	.00	D.		N/	А	
	8c,	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce						000			•	
	70.5.7.70	settlement, and property settlement.	80		S		.00	S		N/		
	8d.	Unemployment compensation	80		\$	- 3	.00	\$ 5		N/	and the second	
	8e. 8f.	Social Security Other government assistance that you regularly receive	86	3+	Ф	U	.00	3	_	N/	A	
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	81		\$	0	.00	\$		N/	А	
	8g.	Pension or retirement income	80		\$.00	\$		N/		
	8h.	Other monthly income. Specify:	1000	1,+				+ \$		N/		
22	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	İ	\$	0	.00	\$		N	I/A	
			Ä	1				-		18		
0.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$		5,377.15	+ \$		N/A	= \$	5,377	.1
1.	State Inclu-	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your relatives. of include any amounts already included in lines 2-10 or amounts that are not	dep						Schedule 11.	- J. +\$	().0(
2.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The res that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certa</i> es	sult is in Lia	s th əbil	e com ities a	bined mon nd Related	thly i Deta	ncome , if it	12.	\$	5,377	′.1
3	Dov	ou expect an increase or decrease within the year after you file this form	17								bined thly inco	ne
J.	Do y	No.	5.50									
		Yes. Explain: Debtor is a Union Ironworker. He is presently la	ved	of	f in b	etween is	ob.	de is	presen	tly w	orking a	

Official Form 106I Schedule I: Your Income page 2

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Fill	I in this information to identify your case:				
Def	btor 1 William J Leighton		Ch	eck if this is:	
			100	An amended filing	
Det	btor 2				wing postpetition chapter
(Sp	pouse, if filing)			13 expenses as o	f the following date:
Uni	ited States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			MM / DD / YYYY	
1300	se number 19-25452 known)				
0	Official Form 106J				
S	chedule J: Your Expenses				12/15
Be inf	e as complete and accurate as possible. If two married people formation. If more space is needed, attach another sheet to the imber (if known). Answer every question.				
Pa	Describe Your Household				
1.					
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	 □ No □ Yes. Debtor 2 must file Official Form 106J-2, Expen 	ises for Separate Househo	ld of De	ebtor 2.	
2	Pa you have dependents?				
2.	Do you have dependents? No	Aut s	uwacowa n	Chapter-strongly contact.	- MANUAL STATE OF THE STATE OF
	Do not list Debtor 1 and Yes. Fill out this information for each dependent	경기들이 다른 사람이 아니는	ship to	Dependent's age	Does dependent live with you?
	Do not state the	DOUBLE STATE OF THE STATE OF TH			□No
	dependents names.				☐ Yes
					□ No
					☐ Yes
					□ No
					☐ Yes
					□ No
					☐ Yes
3.					
	expenses of people other than				
	yourself and your dependents?				
Pa	rt 2: Estimate Your Ongoing Monthly Expenses				
Es	stimate your expenses as of your bankruptcy filing date unles penses as of a date after the bankruptcy is filed. If this is a si	ss you are using this forn upplemental <i>Schedule J</i> ,	n as a : check	supplement in a Ch the box at the top	apter 13 case to report of the form and fill in the
ap	plicable date.				
	clude expenses paid for with non-cash government assistant				
10000	e value of such assistance and have included it on Schedule ifficial Form 106l.)	1: Your Income		Your exp	penses
10	The state of the s		-	SCHOOL STATE OF STREET	
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	ce. Include first mortgage	4.	\$	1,830.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4Ь.	\$	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	\$	50.00
	4d. Homeowner's association or condominium dues		4d.	\$	125.00
F	Additional mortgage nayments for your residence, such as	s home equity loans	5	\$	0.00

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ebtor 1	William J Leighton	Case num	ber (If known)	19-25452
Utilitie				
6a,	Electricity, heat, natural gas	6a.	\$	289.00
6b.	Water, sewer, garbage collection	6b.	\$	40.00
6c,	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	375.00
6d.	Other. Specify:	6d.	\$	0.00
Food	and housekeeping supplies	7.	\$	400.00
Childe	care and children's education costs	8.	\$	0.00
Cloth	ng, laundry, and dry cleaning	9.	\$	50.00
Perso	nal care products and services	10.	\$	50.00
1. Medic	al and dental expenses	11.	\$	100.00
Trans	portation, include gas, maintenance, bus or train fare.			
	include car payments.	12.	\$	325.00
3. Enter	ainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
L Charit	able contributions and religious donations	14.	\$	0.00
. Insura	nce.			
	include insurance deducted from your pay or included in lines 4 or 20.		000	
	Life insurance	15a.	3.70	150.00
	Health insurance	15b.	1.50	0.00
	Vehicle insurance	15c.		350.00
	Other insurance, Specify:	15d.	S	0.00
	. Do not include taxes deducted from your pay or included in lines 4 or 20.		1040	
Specif	States which the process of the control of the cont	16.	\$	0.00
	ment or lease payments:	V 140 110		
	Car payments for Vehicle 1	17a.		499.00
	Car payments for Vehicle 2	17b.		0.00
	Other, Specify:	17c.		0.00
17d.	Other, Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as		.	0.00
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
	payments you make to support others who do not live with you.	0380	\$	0.00
Specif	· · · · · · · · · · · · · · · · · · ·	19.	80-01-1000 Met 15:00	
	real property expenses not included in lines 4 or 5 of this form or on Sche			
	Mortgages on other property	20a.		0.00
	Real estate taxes	20Ь.		0.00
	Property, homeowner's, or renter's insurance	20c.	2.17	0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
. :777777	Homeowner's association or condominium dues	20e.	(4))	0.00
. Other	Specify:	21.	+\$	0.00
. Calcu	ate your monthly expenses			
	dd lines 4 through 21.		\$	4 022 00
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	4,833.00
22c. A	dd line 22a and 22b. The result is your monthly expenses.		\$	4,833.00
Calcu	ate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,377.15
	Copy your monthly expenses from line 22c above.	23b.	2000 L	4,833.00
200	sept feet monthly expenses from the 220 doors.	200.		4,000.00
23c.	Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	544.15
	50-5000-99-99-99-99-99-99-99-99-99-99-99-99-		10 2002	- South Like
	u expect an increase or decrease in your expenses within the year after yo			
	mple, do you expect to finish paying for your car loan within the year or do you expect you	r mortgage p	payment to incre	ase or decrease because o
2000 CONTRACTOR	ation to the terms of your mortgage?			
■ No.	graduation of Historica action			
	Explain here:			

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Fill in this info	mation to identify your	case:	Page 6 of 7
Debtor 1	William J Leighto	on	
	First Name	Middig Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Lasi Name
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY	***************************************
Case number	19-25452		

Check if this is an amended filing

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

	ur original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Pá	Titl: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	S	190,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	28,100.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	218,100.00
Pa	rt2: Summarize Your Liabilities		
			labilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	256,687.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	25,108.31
	Your total liabilities	\$	281,795.31
Par	t3a Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,377.15
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,833.00
Par	Answer These Questions for Administrative and Statistical Records		
6.	Are you filling for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sci	nedules.
	■ Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes, 28 U.S.C. § 159.	a personal,	family, or
Off	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	box and s	ubmit this form to
	cial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information	F	page 1 of 2

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Debtor 1 William J Leighton

Case number (if known) 19-25452

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

s 7,406.40

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clair	n
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
 Obligations arising out of a separation agreement or divorce that you did not report a priority claims. (Copy line 6g.) 	5 S	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00